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M Widowed Divorced 2-22-1907 54 Months Days Hours Divorced Description 100 10	10a. USLAL OCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNT 12. CITIZEN OF WHAT CO	M Widowed Divorced 2-22-1907 54 Months Days Hours 100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIETHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTY 130. FARTER'S NAME 130. MOTHER'S MADIEN NAME 14. NAME OF HUSBAND OR WIFE		I _	(Type or print) FRANKLIN	KEITH BO	SS DE	ATH January 27, 1	
Deputy Sheriff 13b. Molher's MalDen Name Harry N. Boss 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic In Cause of Death (Enter only one cause per line part). (U. S. A. 16. Cause of Death (Enter only one cause per line part). (U. S. A. 17. INFORMANT Address Mrs. Claudine Boss Lamar, Mo. 18. Cause of Death (Enter only one cause per line part). (U. S. A. 19. Was altopsy 20a. Accident Suicide Homicide 19. Was altopsy 20a. Accident Suicide Homicide 20b. Describe How injury occurred. (In the decessed we female there a prepanery in less the disagnet condition given in PREI (II) 19. Was altopsy 20a. Accident Suicide Homicide 20b. Describe How injury occurred. (Enter office bidg., etc.) 20c. Time of Hour Month, Day, Year Injury in Part I or Part II of liem 18.) 20c. Time of Hour Month, Day, Year farm, factory, street, office bidg., etc.)	Deputry Shorifit Barton County Lamar, Missouri U. S. A. 13b. MOTHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13c. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15c. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. CAUSE OF DEATH (Enter only one cause per line PART 1. DEATH WAS CAUSED BY: INMEDIATE CAUSE (A) AUGUST OF DEATH (Enter only one cause per line PART 1. DEATH WAS CAUSED BY: INMEDIATE CAUSE (A) AUGUST OF DEATH (Enter only one cause per line PART 1. DEATH WAS CAUSED BY: INTERVAL BETWOONSET AND DE INTERVAL BETWOO	Deputy Short It Barton County Lemar, Missouri U. S. A. Deputy Short It 13s. FATHER'S NAME 13s. MOTHER'S MAIDEN NAME 14. NAME OF HUSSAND OR WIFE Harry N. Boss Ida Rist Claudine Boss 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (If yes, give wer or dates of servic Ness of part 16. CAUSE OF DEATH (Enter only one cause per line barry, unknown) (If yes, give wer or dates of servic Ness of DEATH (Enter only one cause per line barry, unknown) INTERVAL BETTY No. INTERVAL BETT			M Widowe	d Divorced 2	2-22-1907 5	4 Months Days	Hours N
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NOT WHILE AT WORK	21. I attended the deceased from 2 30 - 2 4 - 0 2	21. I attended the deceased from		MEDIC	INJURY a.m. p.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (CITY, TOWN, OR LOCAT	ION COUNTY	STA
		Death occurred at	¥		NOT WHILE AT WORK []	6/ 10 /5 /-2	7-62 and last so	her live on 1-24	-62
236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial 1-30-1962 Lake Cemetery Lamar, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE			= 60	I	Licensed Embalmer's Statement	30, 1962	Hasse Ty	nan	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No.
working under my personal supervision.	Of the second second
Student	Signed Maximum W Giller
Signature of Student Embalmer	2/2
	Licensed Embalmer No.
	P. O. Address Proces Mo O

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.